mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

KARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF BEATH County Village or City No. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED OR DIVORCED Curric the word) 5a. If marriad, widowad, or divorced (or) WIFE of SAMYER, BOOKMEPER, etc. DATE OF BIRTH (month, day, and year) Months Pays 11 LESS than 1 day, mrs. ARC Years Months Days 11 LESS than 1 or min. No. No. No. No. No. No. No. N	STATE OF MARYLAND-	-CERTIFICATE OF DEATH
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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JARGIN RESERVED	N. B.—WRITE PLACY, WITH UNFADING INK—THIS	mation should be carefully supplied. AGE should be	CAUSE OF DEATH in plain terms, so that it may be	TION is very important. See instructions on back of
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V. S. No. 1	ż	(1)
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Description occupation Deter Contributory Causes of Importance: 12. BIRTHPLACE (city or town) Contributory Causes of Importance: 13. NAME of Contributory Causes of Importance: 14. BIRTHPLACE (city or town) Bafto M. Name of operation. Dete of. (State or country) 15. MAIDEN NAME Mary Contributory Causes of Importance: 16. BIRTHPLACE (city or town) Bafto M. Name of operation. Dete of. Whet test confirmed diagnosis? Was there an autopsy? 23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury. 19 Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury. Nature of injury. Nature of injury in eny way releted to occupation of deceased? If so, specify (Signed) 20. FILE OLLY 9. 193. File Thomas Registrar. (Address) Cause of Importance: 9737 Where the Contributory Causes of Importance: 9737 Name of operation. Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. If so, specify (Signed) 17. INFORMANIA (Address) 28. West disease or injury in eny way releted to occupation of deceased? If so, specify (Signed) 18. Operation of the second of the cause of Importance: 19. UNDERTAKED (Signed)	work wes done, es SILK MILL, SAW MILL, BANK, etc.		1	2		2
Dther Contributory Causes of Importance: 12. BIRTHPLACE (city or town) Bryan 13. NAME of Bryan 14. BIRTHPLACE (city or town) Bafto Md. (State or country) 15. MAIDEN NAME Mary Mary Wobray 16. BIRTHPLACE (city or town) Bafto Md. (State or country) 17. INFORMAN Mary Causes of Importance: 18. BIRTHPLACE (city or town) Bafto Md. (State or country) Whet test confirmed diegnosis? Accident, suicide, or homicide? Specify city or town, country and State) Specify whether Injury occurr? Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE Manner of Injury 19. UNDERTAKE Mary Country 19. UNDERTAKE Mary Country 24. Wes disease or injury in eny way releted to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address) (Address)	- I this occupation (month and	spent in this	Coronary H	westo	26	rus 9
(State or country) 13. NAME 13. NAME 13. NAME 13. NAME 14. BIRTHFLACE (city or town) 20. FILE 14. BIRTHFLACE (city or town) 20. BIRTHFLACE (and the same of th	occupation	Other Contributory Causes of Impo	rtance:		1937
Whet test confirmed diegnosis? Was there an autopsy? 15. MAIDEN NAME Mary Mary Mobray 16. BIRTHPLACE (city or town) 13 attender (State or country) 17. INFORMANI Mary Earcettee Callaway (Address) 18. BURIAL, CREMATION, OR REMOVAL Please (In Industry, in HOME, or in PUBLIC PLACE) 19. UNDERTAKE Market (Address) 20. FILED Mary 19. 3. 7. 6. Through a facility of the companion of deceased? (Signed) 20. FILED Mary 19. 3. 7. 6. Through a facility of the companion of deceased? (Signed) 21. INFORMANI Mary Earcettee Callaway (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE) 22. West disease or injury in eny way releted to occupation of deceased? (Signed) 24. West disease or injury in eny way releted to occupation of deceased? (Signed) 25. FILED Mary 19. 3. 7. 6. Through a facility of the companion of deceased? (Signed) 26. FILED Mary 19. 3. 7. 6. Through a facility of the companion of deceased? (Signed)		mil			• • • • • • • • • • • • • • • • • • • •	
What test confirmed diegnosis? Was there an autopsy? 23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury. 19. 17. INFORMANY Mary Exceptive Callaway (Address) 18. BURIAL, CREMATION, OR REMOVAL, Plece College of the control of the	13. NAME John Bry	au				
Whet test confirmed diegnosis? Was there an autopsy? 23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury. 19. 17. INFORMANY Mary Educative Callaway (Address) 18. BURIAL, CREMATION, OR REMOVAL, Please College of the college of th	I A BIRTH LACE (city or town Bak	tomal	Name of operation		Dete of	
15. MAIDEN NAME Mary Mobray 16. BIRTHPLACE (city or town) Baltimore (State or country) 17. INFORMAN Mary Emittle Callaway (Address) 18. BURIAL, CREATION, OR REMOVAL Plece Market Mary Mary Mary Mary Mary Mary Mary Mary	(State of country)	S 1				topsy?
17. INFORMAN Mary Earettle Callaway (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece College Manual Le Date Manual 19. UNDERTAKER Manual (Address) 20. FILEDULLY 9, 1937 7, 6 Thomas 20. FILEDULLY 9, 1937 7, 6 Thomas (Address) (Address) Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 24. Wes disease or injury in eny way releted to occupation of deceased? (Signed) (Signed) (Address) (Address) (Address)	15. MAIDEN NAME Mary UM	w Mobray				
17. INFORMAN Mary Earettle Callaway (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece College Manual Le Date Manual 19. UNDERTAKER Manual (Address) 20. FILEDULLY 9, 1937 7, 6 Thomas 20. FILEDULLY 9, 1937 7, 6 Thomas (Address) (Address) Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 24. Wes disease or injury in eny way releted to occupation of deceased? (Signed) (Signed) (Address) (Address) (Address)	5 16. BIRTHPLACE (city or town 13at	temore of	Accident, suicide, or homicide?	Dat	e of injury	, 19
17. INFORMANY LATTY CALL CALL CALL CALL CALL CALL CALL CAL	X (State or country)	and	Where did injury occur?			
18. BURIAL, CREMATION, OR REMOVAL Pleco LLUE MS WILLIAM Date Willy 11, 193.7 19. UNDERTAKE THE Company of the		Le Callaway	Specify whether Injury occurred In	INDUSTRY, in HOME	or in PUBLIC PLA	CE.
19. UNDERTAKE fluite to thomas (Address) 24. Wes disease or injury in eny way releted to occupation of deceased? If so, specify (Signed) (Signed) (Address) (Address)		0 0 1 11 27	Manner of Injury			*********
20. FILEDULY 9, 1937 7 to Thomas (Address) If so, specify the over Salt Elucacing (Signed) (Address) (Address) (Address)	Piece Clerensure	le Date 1 114 / 195/	Nature of injury			
20. FILEDULY 9, 1937. F. C. Thornas (Signed) (Address) (Address) (Address) (Address) (Address) (Address)	19 UNDERTAKE TRIBLES CO	· Marian	24. Wes disease or injury in env w	ay releted to occupation	on of deceased?	
20. FILEBELLY 193 193 1 Socal Registrar. (Address) 100 esserble		Euserlle		0	Htco.	
Focal Registrar. (Address) Tovelsoulle	20, FILE July 9 1937 7	6. Thornas	(Signed) 14602	roy Du	M well	aconto
If more blanks are needed address State Peristran Der N. Charles Sweet P.	1 // 0/3		(Address)	love	usull	2

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street par Alic 9 1937	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
177C 6 1834	5. 1	BUREAU V. S.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

7		
1 1		
1700		

should state

1. PLACE OF DEATH	923
County Lucer Cluss	Registration Dist. No. 252
Village or Chymean Centreville	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Samuel David Co	ster.
0 - 00	Ward.
(Usual place of abode)	If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Or Divorced Ordowed	21. DATE OF DEATH 7 2 3 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Edither Carter	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 8 /848	1 last w h in alive on 1997; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
89 / 5 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Letued James	Chronic Voluntos
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Setued James Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and company)	et is a distribution of
1 - 1 Spont in this start and the spont in this	
year) ccupation & July	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country) Cecil Co. Frid	atria Ceturia
13. NAME Samuel & Carter	
13. NAME Samuel D. Carlers 14. BIRTHPLACE (city or town) (State or country) Cecil Co. And.	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Wat known	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) State or country) and form	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT The He Vance	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Contrendle A. F. D. Mag	
Place Sudlesorille. Date July 2 619 37	Manner of injury
19. UNDERTAKER Hope. H. Good	24. Was disease or injury in any way related to occupation of deceased?
(Address) Church Hill Ind.	If so, specify
20. FILED July 24, 1937 Mamie & Bright	(Signed) M. [(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

-WRITE PL

Ä

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7987
1. PLACE OF DEATH	(82:a)
County 9 Q Q	Registration Dist. No. 255
Village or City The Grand Cory	No. St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lissis Pulsels Ford	Lo If U.S. Veteran specify WAR
TONCH BAND	St Ward.
(a) Residence: Ro. to June 10 (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
of Warus	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Dat I attended deceased from
(or) WIFE of W= 7 Frozelis	for 30 187 to Let 23 187
6. DATE OF BIRTH (month, day, and year) Not known	Vast saw has alive on Les 15 / 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 1.0 - 1 - m.
about 60 ye. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8 Trade profession or particular	Beulast Henry Data of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
this occupation (month and 23, 3 7 occupation)	
(1-11/2-0-	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Epilip If
	7
E TOUR	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis?
E	Accident, suicide, or homicide?19
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
10x J Freedom	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Cuble MU	ω
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place thumpton Date fluly 26,1937	Nature of injury
19. UNDERTAKER Shorks and Shoot	24. Was disease or injury In any way related to occupation of deceased?
(Address) Prumptow mid	If so, specify
20. FILED gely S 5 1937 Fr m Stack	(Signed) M. D.
Registrar.	(Address) All Cally My
If more blanks are needed, address State Pensitres	2417 N. Chaylet Street Baltimore Properting 71 S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDING

ARGIN RESERVED

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be N. B.—WRITE PLA

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7988
1. PLACE OF DEATH	
County Tuesare Que	Registration Dist. No. 254
Village or City hear aneuston	NoSt., Ward
(If Langth of rasidanca in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foralgn birth?
2. FULL NAME still born bris	11 U. S. Veteran, specify WAR
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
James 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Telle 27- (Month) (Day) (Yeer)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, day, and year) Jucky 27-1937	I last saw h elive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the data stated above, atm.
ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Still born biby
SAWYER, BOOKKEEPER, etc	- July state of
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date decaased last worked at this occupation (month end year)	
her Lucanter	Other Contributary Causes of importenca:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME We Mooney	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Emily Louise Gerype	_23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town). Que storen 0500	Accidant, suicide, or homicide? Date of Injury, 19
(State or country)	Whare did Injury occur?(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT & needy bourse Frefin (know (Address) Accounts were beek	Copecity Whather Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Mr. Jacenstow 10 July 1, 195.	Nature of injury
19. UNDERTAKER None /	24. Wes disease or Injury in any wey related to occupetion of deceased?
20, FILED July 27937 - Allen M. aldudge	(Signed) W. Loury Freher M.D. (Address) (Date Levices held)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Chronic interstitial nephralis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIREAU		. A San San S	
Other contributory causes of importance:		Other contributory causes of importance;	in the
Gallstones	May 1,1923	Gastroentcritis	1 year
			,

Date of onset

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. No Village or City Jo (Il death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How jong in U.S. if of foreign birth? vrs. mos. 2. FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a, If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE LESS than Days The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. 8. Trade, profession, or particuler OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... RESERVED may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased lest worked at 11. Total time (years) this occupation (month and spent in this that occupetion _____ 12. BIRTHPLACE Kity or town ARGIN FATHER See plain efully MOTHER important 23. If deeth was due to external causes (VIOLENCE) fill in also the following: ï. Accident, suicide, or homicide?. DEATH (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE plnous OF 18. BURIAL, CREMATION, OR REMOVA Manner of Injury CAUSE Neture of injury. LION 24. Was disease or injury in any way related to occupation of deceesed? 19. UNDERTAKER (Address) If so, specify

BINDIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	Alexa, IB
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE PLA

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	<u> </u>
County A Listen + week	Registration Dist. No. 252
Village or City (Las Variable)	NoSt.,Ward
2	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds How long in U.S. if of foreign birth?yrs,mosds.
Lugari	usyis(iiusus.
2. FULL NAME	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	, 19, to
6. DATE OF BIRTH (month, day, and year) 7-18-37 U	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Valsoromeet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and this pocupation (month and this pocu	
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	July ()
10. hats deceased last worked at 11. Total time (years)	Lug I
this occupation (month and year) spent in this occupation	Jany
12. BIRTHPLACE (city or town)	Other Contributory Courses of importance:
(State or country)	
법 13. NAME	
13. NAME 14. BIRTHPLACE (city or town)	Nama of operation Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Pallay Museu	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Allege William 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or t	Accident, suicide, or homicide? Data of injury, 19
State or/country)	Whera did injury occur?
17. INFORMANT // Jolly Long au (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Wowen	Manner of injury
Place / // Place 7 / 193	.f
19. UNDERTAKER M- Carles Bryale	24. Was disease or injury in any way related to occupation of depeased?
(Address) Ceulunge	If so, specify
20 FILED July 18 1937 Manie & Bright.	(Signed) M. D
Areal Registrar.	(Address) Alexander

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

LINITED STATES STA	ANDARI	CERTIFICATE OF DEATH	3/14/19
OMITED STATES STA		- CERTIFICATE OF DEATH	1 11 12
various pursuits can be known. Make some entreased had retired from business, report the occreturned as at school or at home. For a woma in answer to Question 8 and own home in answe however, designate the occupation by the appropriate had no occupation whatever write none. To be complete, an occupation return must seem to be completed as a complete of the comple	ry in this secupation pri in whose on r to Questio priate terms state:	ion is very important, so that the relative health ction for every person aged 10 years or over. or to retirement. Children not gainfully employ ly occupation was that of home housework, writen 9. For a person engaged in domestic service, as servant—private family, cook—hotel, etc. For	If the de- ed may be housewife for wages, or a person
8.—The trade, profession, or particular 9.—The industry or business in which 10.—The month and year the deceased 11.—The number of years the deceased	the work wa	as done.	and the same
In stating the occupation, avoid the use of sout the particular kind of work done and return	such indefini	te terms as "employee," "worker," "operative,"	etc. Find
	ne use of su	ch general terms as "store," "factory," "mill."	etc. State
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.			
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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitut nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 6 1037	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	

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No. 25	
ad of street and nu	Ward mber)
ly or town and Si	ate
DEATH	
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11/	Date of onset
n/Re	Jedy
Data of	
Was there an au'	opsy2(0)
so the following:	9,60
county and State) r in PUBLIC PLAC	E.

state infor-OCCUPA 1. PLACE OF DEATH plnods Registration Dist. Village or City Jo (If death occurred in a hospital or institution, give its NAME inste PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth? statement 2. FULL NAME (a) Residence: No (Usual place of abode) If nonresident give c Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 4. 2000R OR RACE 21. DATE OF DEATH 5. SINGLE MARRIED, WIDOWED (Month) properly classified. 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY, HEREBY (or) WIFE × (E) 6. DATE OF BIRTH (month, day, and year) Days LESS than 7. AGE Months to have occurred on the date stated ebove stated or____min. 8. Trade, profession, or particuler kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.___ NO jo OCCUPAT may back 9. Industry or business in which should work was done, es SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and that occupation ___/ instructions 12, BIRTHPLACE (city of town (State or country supplied in plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city of State or count carefully Whet test confirmed diagnosis MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in Accident, suicide, or homicide CAUSE OF DEATH Where did injury occur? Specify whether injury occurred in INOUSTRY, in HOME, of plnous 17. INFORMANT very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE mation LION Nature of injury 24. Was disease or injury in eny way related to occupation of deceased? 19. UNDERTAKER (Address) If so, speci Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

IARGIN

V. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	0 // 0	Example II	
of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis W AUG 3 193	1015	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	4 1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	July 5 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7992
1. PLACE OF DEATH	(2,3)
Coupty Man Alle	Registration Dist. No. 251
Village or City Lear Columbia. Hell	NoSt,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME OF O POL ACKO IT WILL	Cott U.S. Veteran specify WAR
(a) Residence: No. Weller, Hell Rd	St., Ward.
(Usual place of abode)	II nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEL 4. COOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month) (Day) (Year)
5a. If married, widowed, or divorted HUSBAND of (or) WIFE of .	22. HEREBY CERTIFY. That attended deceased from
6. DATE OF BIRTH (month, day, and year) 1897 7 1915	I last saw half alive on July 19 a death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
22 2 1 1 day,hrs.	THE PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER O Landado Oc. SAWYER, BOOKKEEPER, etc.	Mued J Swartellow May
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this eccuration (much and	1-1-2
10. Date deceased last worked at this occupation (month and year)	
	Other Contributery Cannon of importance:
(State or count)	Jacques 195
13. NAME CADOON Mille	4,0
13. NAME 13. NAME 14. BIRTHPLACE (pity of the pit)	Name of operation Date of Date of
(State of county)	Whet test confirmed diagnosis? Was there an eutopsy (1)
15. MAIDEN NAME COME & VIGINION	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME OF THE STATE OF	Accident, suicide, or homicide?
(State or country) Della America	Where did Injury occur? (Specily city or town, county and State)
17. INFORMANT ALLA S. A. M. C. R. R. C. (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place/ rich tech Date toly 1 1, 197	Neture of injury.
19. UNDERTAKER Than . A Charles (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 16:37 Mme Ho Good	(Sine O Med), O Med M. D.
Registrar. If more blanks are needed, address State Registrar,	(Address) (

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.,

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
BUREAU			
Other contributory causes of importance:	enhados.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

of

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY,

V. S. No. 1 2 of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(22-a)
County Lucen anne	Registration Dist. No. 233
Village or City Corumpton	No. St., Ward
(III	death occurred in a hospital or institution, give its NAME instead of street and number)
1 - 0 HD	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Samuel Thomas Si	Lunife Weteran epecify WAR
(a) Residence: No. Winnersten Outriele.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married Married	21. DATE OF DEATH Sely 12 1937 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chroma M. Season ##	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) May 1 1874	1) Yast saw h Asserting elive on July 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dato stated above, at
63 2 // Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Cerebral Hunertisgs
9. Industry or business in which work was done, as SILK MILL, O wild farm	
10. Date deceased last worked at this occupation (month and 1736) spant in this 40 occupation (continued to the continued to	
12. BIRTHPLACE (city or town). Queen anne Co	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) — Sule Au	Hample Con of
13. NAME 21/100'2 1 Sea ++	light Side for
14. BIRTHPLACE (city or town)	Neme of operation Date of
(Stata or country) Mary Land	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MA OFE Condinge	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
≤ (State or country) Maruland	Where did injury occur?
17. INFDRMANT MIS Come by Semeth	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place to Tumpton Date July 15, 1937	Nature of injury
19, UNDERTAKER Sparks End Glood (Address) Crumo Jones	24. Was diseasa or injury in any way related to occupation of deceased?
(Addiess) Tolumeron ma	If so, specify Lake lieff
20. FILED tuly 13, 1931 + M. Slach	(Signed) (Signed) (Signed) M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V. 3.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Day)

That I attanded daceased from

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No.	B
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STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example 1	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year
			roin-o

V. S. No. 1

I RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	
HIS IS A PERMANENT	be stated EXACTL	be properly classified.	of certificate.
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-CERT	IFICATE	OF	DEATH
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anthur.	112	0	Do
my	R.B	4.3	p
- 4		2.	

1. PLACE OF DEATH	_		(93:0)	
County Queen anne			Registration Dist. No. 2	55
Village or City Trullingle	~		No. St	Ward
Length of residence in city or town where dea	oth occurred #4.	(If yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign blrth?	number)
2. FULL NAME Samuel	V. S.	ull	If U. S. Veteran, specify WAR	
(a) Residence: No.	- (Usual place of abo	ode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTIC	AL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH	
male 1. COLOR OR RACE !	S. SINGLE, MARRIED OR DIVORCED (20)	rite the word)	21. DATE OF DEATH July 16, (Oay)	., 193_7
a. If married, widowed, or divorcy. Srm. (or) WIFE of	th.		22. I HEREBY CERTIFY. That I attended	(1001)
DATE OF BIRTH (month, day, and year)	ph. 12.	1862		; death is safe
. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 3.45 /1 -m.	
35- 10	()	day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	anner.	•	acub Chalatin	1
kind of work done, as SPINNER, SAWVER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this securation (most) and			Chr. humandel:	
10. Oate deceased last worked at this occupation (month and year)	11. Total time (spent in occupatio	years lefe.	Jan My Lanans	1.400
2. BIRTHPLACE (city or town) mullu (State or country)	regton.		Other Contributory Causes of importance:	
13. NAME John I Sni	ich.			
14. BIRTHPLACE (city or town) (State or country)	d.		Name of operation Date of.	
15. MAIDEN NAME Mury	nea.		What test confirmed diagnosis? Was there en	autopsy?
16. BIRTHPLACE (city or town) (State or country)	nd.		23. If death wes due to external causes (VIOLENCE) fill In elso the following Accident, suicide, or homicide?	, 19
7. INFORMANT Henry. Sme (Address) Smelling	the med	,	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC P	ate) LACE.
8. BURIAL, CREMATION, OR REMOVAL Place mullington, md.	Date Josep /	Y ,19.3.)	Manner of injury	
	- L/N 8/		24. Was disease or injury in any way releted to occupation of deceased?	how
9. UNDERTAKER John (Address) millingle	~. mel.	200	If so, specify (Signed) Munit Price	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state: .

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ß	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 3			
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	1330
	1. PLACE OF DEATH	82-0/	_
	County Quelle auce	Registration Dist. No. 25	3
-	Village or City Stevenson le	NoSt.,	War
1	Last of residence In city of town where death occurred I Eyrs	death occurred in a hospital or institution, give its NAME instead of street and no day. ds. How long In U.S. if of foreign birth?yrs	
1	2 House lealer alausky		
	The state of the s	If U. S. Veteran, specify WAR	
	(a) Residence: No. As a war (Usual place of abode)	Ward. If nonresident give city or pown and S	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
6	3, SEX 4. COLOR OR RACE OR, DIVORCED (write the word)	21. DATE OF DEATH	f93 7. (Year)
	58. If married, widowed, ordivorced HUSBAND of (or) WIFE of Sallie Staus bury	22. I HEREBY CERT 1 F & That attended d	-17-4
e.	6. DATE OF BIRTH (month, day, and year) Aug. 12 - 1844	Hastsaw h Las alive on Only 4 1,1937.	: death is se
certificate	7. AGE Years Months Days If LESs than	to heve occurred on the date stated above, et	
rtif	1/ 10 V22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Date of onse
of ce	8. Trade, profession, or particular kind of work done, as SPINNER, Water Manual SAWYER, BOOKKEEPER, etc	antonio clerosio	193
back	o. Industry or business In which work was done, as SILK MILL.		Α
no	10. Dete deceased last worked at this occupation (month and spent in this	chevis unemortage	Jun 030
instructions	12. BfRTHPLACE (city or town) / Levet Oslaves	Other Contributory Causes of importance:	193
truc	(State or country)		
	13. NAMENT / homas plansbury		
See	14. BIRTHPLACE (city or town) / Teut Slaud (State or country)	Name of operation Date of	
		Whet test confirmed diagnosis? Was there an au	
important.	15. MAIDEN NAME Farrief and Welson 16. BIRTHPLACE (city or town) / sent Island (State or country)	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
f7. INFORMAN MULLY COUNTY (Address) L. G. G. O. H. L. GOOK LAW [8. RURIAL ORGANISM OF REMOVAL THE COUNTY OF THE C		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA) CE,
.00	18. BURIA FRATION OR REMOVE LEGISTIC Valley	Manner of Injury	
TION	19. UNDERTAKET: La Thouses	24. Was disease or injury in eny way related to occupation of deceased?	
T	(Address) Plevensullo, Mid.	If so, specify	-4-1
(20. FILE July 5, 1937 7.6. Thomas	(Signed)	M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MADO

V. S. No. 1 00

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car C 9	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BUREAU V. S.	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

	N. B.—WRITE PLATNLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
TAILGIN INEGEN ED FOR DINDING	S A PERMANEN	ated EXACTL	roperly classified.	rtificate.
T OF AMERICA	INK-THIS IS	3E should be st	nat it may be pr	TION is very important. See instructions on back of certificate.
T ATTOMETY.	TH UNFADING	ly supplied. At	lain terms, so th	See instruction
	PLATNLY, WI	nould be careful	OF DEATH in p	very important.
<	N. BWRITE	mation sl	CAUSE	TION is

STATE OF MARYLAND-	CERTIFICATE OF DEATH 7997
1. PLACE OF DEATH	
County Juean Cincs	Registration Dist. No. 250
Village or City Ingleside (/leas)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Elizabeth Stewart	If U.S. Veteran specify WAR
(a) Residence: No. Intelligible of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Levely 10 1937
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Howard Stewart	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Mast saw h. W. alive on Just 10 1957: death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at I P m
6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
1 01	were as ollows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, ROUKEEPER, etc	Comment of
9. Ladustry or husiness in which	jusq /
9. Industry or business in which work was done, as SILK MILL, Rome SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1935 spant in this occupation year)	
7 - · 00	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Centreville	State of the same
(State or country) Tueen annes Co, Ma	Mullo Clarones 94x
13. NAME Suttler Hardner 14. BIRTHPLACE (city or town)	7
14. BIRTHPLACE (city or town)	Name of operation Roll Date of
(State or country) Lucen anne Co	What test confirmed diagnosis? Was there an autops
15. MAIDEN NAME Mary & Cahall 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
6 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury
(State or country) Julien Comes Co	Where did injury occur?
17. INFORMANT May & Spencer (Address) Inslessed ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Centreville Oate July 13, 19, 37	Nature of injury
19. UNDERTAKER Togs. A. Laton	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED Cely 11, 137-Elizabeth Nicke	It so, splity. Side of M.D.
20, File Marie Cocal Registrar.	(Address) Church Hell, Ma
If brore blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

IARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH

1. PLACE OF DEATH	(31)
County Queen anne	Registration Dist. No. 233
Village or City Crumpton	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
21:00 6	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William 6 Story	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write, the word)	21. DATE OF DEATH July 193
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Carrie B. Story	1 HEREBY CERTIFY, That I attended deceesed from
6. DATE OF SIRTH (month, day, and yeer) Sept 3 18740	i last saw h www elive on
7. AGE Years Months Deys If LESS than I day,	to have occurred on the date stated above, at full am,
62 10 16 or min.	The PRINCIPAL CAUSE OF DEATH and related gauses of importence were as follows:
STrade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the securation (month and the securation from the security for the securation from the security for the secur	Clor and Solizates
9. Industry or business in which work was done, as SILK MILL,	Isimony Cause: Chronic rephritis CureR.
SAW MILL, BANK, etc	Auration: three years
this occupation (month and 1935 spent in this 40 occupation 40	
2	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	fluight in The death
13. NAME 7/100. 2' Stance	and mot proba corefact
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME not known	23. If death was due to external causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Ms Carrie Stary (Address) Paren Tax	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOYAL	Manner of injury
Place Church help Dete July 2 1, 19.57	Neture of injury
19. UNDERTAKER Sparks & Good	24. Was disease or injury in any way related to occupation of deceased?
(Address) tempton hill	If so, specify
20. FILED 20, 19.3 / F M Sixelle Registrat.	(Signed) M. D. (Address) Crumphers Mil
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	=11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AUG 3	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V S	. July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			3	

V. S. No. 1 B

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(82.2)
County Queen annes	Registration Dist. No. 252
Village or City Cercebrilla	No. St., Ward
Length of rasidance in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
1 .00 . = ///	nosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Xase Plaine	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or towo and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widewed, or divorced	
(or) WIFE of Wellard Teawley	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Que, 5 1 15	I last saw h 22 alive on 1997: death is said
7. AGE Years Months Days If LESS than	- 22 0 n.
19 2 10 1day,h	rs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profassion, or particular	were as follows:
kind of work done, as SPINNER, SOURE - Wife.	Cirebral '
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10-Date deceased last worked at this occupation (month and	Embalian 3/4
SAW MILL, BANK, etc	3/5
O 10-Date deceased last worked at this occupation (month and year)	
A-a A	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town)	
13. NAME 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Neme of operetion
	What tast confirmed diagnosis? Was there an aulopsy? Was there an aulopsy?
15. MAIDEN NAME CLARGET Houlful	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME CLARGE Houlfurer 16. BIRTHPLACE (city or town) (State or complete)	Accidant, suicide, or homicide?
State of the party	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) R. Garrell Bloom (son) Com	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, COMMATION, OR REMAIN	Menner of injury
Place Denterally Date Jelly 18 7,190	Nature of injury
19. UNDERTAKER & Tital Reborn	24. Was disease or Injury In any way related to occupation of decaesod?
(Address) Anthon M	If so, spacify AA
20. FILED July 17 1937 Manie S. Bright	(Signed) Laguel M. D.
20. FILED July 192 11 11 11 11 11 11 11 11 11 11 11 11 11	(Address) Assertation

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related caus of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	ated causes Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AUG 6 1937	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.	3.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46-80
County Lucius Cum	Registration Dist. No. 252
Village or City Civilian Ville	No. St. Ward
Length of residence in city or town where deeth occurred 40 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?msds.
2. FULL NAME Clevander Money	If U. S. Veteran, specify WAR
(a) Residence: No. a alone	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WHEE of Jacus Thomas Shows	22. HEREBY CERTIFY, That I attended decreased from
6. DATE OF BIRTH (month, dey, end yeer) Och 2nd 1872	I lest sew h
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the dete steted above, etm. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were as follows:
8 Trede, profession, or perticular	Were es follows. Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Corrles Jan
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	ancuapus /193
10. Date deceased last worked at this occupetion (month and year) occupetion	Tasii alle
lo ou transita	Other Caatribatary Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME III. C. Thonespan	
14. BIRTHPLACE (city or town)	Neme of operation
IS. MAJOEN NAME PLUME (Dearway a.)	Whet test confirmed diagnosis?
16. BIRTHPLACE (city or town) beet reference	23. If death wes due to externel ceuses (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where dld injury occur?
17. INFORMANT Ella Mitchell (Address) Beutreville md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Piece Cufrences Dete July 14, 193/	Neture of injury
19. UNDERTAKER Party Bras (Address) Cutreville Md	24. Wes disease or injury in any wey related to occupation of deceesed?
20. FILEO July 26, 1937 Marris S. Bright.	(Signed) and Jones M. D. (Address) Supplementation (Address)
	2412 N. Charles Street, Balsimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	BUREAU V. S.				
Other contributory causes of importance:		7	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
	<u> </u>				

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
ADDITIONAL	SPACE	run	FURTHER	STATEMENTS	DI	FILISICIAN